SUMMARY SHEET

Change	in	Company's	premium	or	rate	level	produced	by	rate
revisio	n e	effective	09/01/20	09					
		_						_	

(1)	(2) Annual Premium	(3) Percent
Coverage	Volume (Illinois)*	Change (+ or -)**
1. Automobile Liability Private Passenger Commercial 2. Automobile Physical Damage Private Passenger		
Commercial 3. Liability Other Than Auto 4. Burglary and Theft 5. Glass	283009	7.5%
6. Fidelity7. Surety8. Boiler and Machinery9. Fire		
10. Extended Coverage 11. Inland Marine 12. Homeowners 13. Commercial Multi-Peril 14. Crop Hail		
15. Other Line of Insurance		
Does filing only apply to certain If so, specify: N/A	territory (territories)or	certain classes?
Brief description of filing. (If organization)	n): American Alternative (AAIC) hereby propose contained in ISO Refe	
* Adjusted to reflect all prior r ** Change in Company's premium lev result from application of new	vel which will	
Ar	merican Alternative Insura Name of Compa	
	3 3 .	•
H29219D	Stephen J. Corbett - V Official - Tit	

Insurer Name: American Automobile Ins	surance Company	NAIC Number21849
		EXHIBIT A
Form (RF-3)		
, , , , , , , , , , , , , , , , , , ,	SUMMARY SHEET	
Change in Company's premium or ra revision effective August 1, 20		<u> </u>
(1)	(2) Annual Premiun	
Coverage	Volume (Illinois)	* Change (+ or -) **
Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger		
Commercial		
3. Liability Other Than Auto4. Burglary and Theft5. Glass6. Fidelity	1,890,699	3.0%
7. Surety		
 Boiler and Machinery Fire 		
10. Extended Coverage		
11. Inland Marine		- Addition of the second of th
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Ellie of modification		
Does filing only apply to certain territory (classes? If so, specify: NO		
Brief description of filing. (If filing follows organization, specify organizations):		ost Reference # GL-2008-BGL1,
ISO's Increased Limits Factor Refere		
* Adjusted to reflect all prior rate change in Company's premium leve result from application of new rates		
	Δma	erican Automobile Insurance Company
	Allie	Name of Company
		. company
		William Daukavita VD Ozwell
		William Paukovitz, VP Compliance
		•

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB:05/01/2009 RB:06/30/2009

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	754725	+6.0
4. -	Burglary and Theft		
5.	Glass	***************************************	
6. 7	Fidelity		
7. 8.	Surety Reiler and Machinery		
o. 9.	Boiler and Machinery Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other		
	Life of Insurance		
•	Does filing only apply to certain Classes? If so, specify: No, this a	in territory (territories) or applies to all territories in Illinois	certain
	Brief description of filing. (If fi	ling follows rates of an ac	dvisorv
	Organization, specify	. . .	
	organization):		increase in our Prestige Excess product
	for the state of Illinois. This increase is a	general increase to the entire stat	e.
	+A divided As and a stall prior re-		
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		t from application of new
		American Automob	ile Insurance Company
			ne of Company
		Andrew Bettini - Reg	gulatory Filing Analyst

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB:05/01/2009 RB:06/30/2009

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2	Automobile Physical Damag		
	Private Passenger		
	Commercial	***	
3.	Liability Other Than Auto	34451	+6.0
4.	Burglary and Theft		
5.	Glass		
6. -	Fidelity		
7.	Surety		
8.	Boiler and Machinery	<u></u>	
9.	Fire		***************************************
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril	***************************************	
14.	Crop Hail		
15.	Other		
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: No, this	in territory (territories) or applies to all territories in Illinois	certain
	specify.	applies to all territories in limbos	
	Brief description of filing. (If fi	ling follows rates of an a	dvison
	Organization, specify	ing follows rates of all a	avisory
	organization):	We are filing to take a +6%	increase in our Prestige Excess product
	for the state of Illinois. This increase is a		· · · · · · · · · · · · · · · · · · ·
	*Adjusted to reflect all prior ra **Change in Company's prem rates.		t from application of new
	14(0).	The American Insu	rance Company
			ne of Company
			gulatory Filing Analyst

Insurer Name: The American Insurance Company		NAIC Number 21857		
				EXHIBIT A
For	m (RF-3)			
	:	<u>SUMMARY SH</u>	<u>EET</u>	
	Change in Company's premium or rate revision effective August 1, 2009		rate	
	(1)	(2 Annual P	remium	(3) Percent
	Coverage	Volume (I	llinois) *	Change (+ or -) **
	Automobile Liability Private Passenger Commercial Automobile Physical Damage Private Passenger			
2	Commercial	1,199,269		2.6%
	Liability Other Than Auto Burglary and Theft	1,188,208		2.0 /0
	Glass			
6.	Fidelity			
	Surety			
	Boiler and Machinery			
	Fire			
	Extended Coverage			
	Inland Marine			
	Homeowners			
	Commercial Multi-Peril			
	Crop Hail			-
15.	Other			
	Line of Insurance			
clas —— Brie	es filing only apply to certain territory (tesses? If so, specify: NO of description of filing. (If filing follows rapidation, specify organizations): ISO's Increased Limits Factor Reference	ates of an advisory Adopting ISO's		erence # GL-2008-BGL1, .CMs.
*	Adjusted to reflect all prior rate change Change in Company's premium level w result from application of new rates			,
			Tha ^-	perioan Incurance Company
		-		nerican Insurance Company
			N	lame of Company
		-		William Paukovitz, VP Compliance

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or ra	te level produced by rate revision
effective 7/6/2009	

(1)	(2) Annual Premium	(3) Percent
Coverage	 Volume (Illinois) * 	_ Change (+or-) **
Automobile Liability Priva	ite	
Passenger		
Commercial		
Automobile Physical Dam	nag	
Private Passenger	3	
Commercial		
Liability Other Than Auto	20,999	+24.8
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery	**************************************	
Fire		
Extended Coverage	**************************************	
Inland Marine		
Homeowners		
Commercial Multi-Peril		
Crop Hail		<u> </u>
Other		
Life of Insurance		
Does filing only apply to classes? If so,	certain territory (territories) or	certain
specify: Pe	ersonal Umbrella Liability	
Brief description of filing	(If filing follows rates of an a	dvisorv
Organization, specify	(g	,
organization):	Revise Personal Umbrella	Liability Rates
*Adjusted to reflect all pri	ior rate changes.	
	premium level which will resu	It from application of new
rates.		

Name of Company Tracey Wagner, Director - Actuarial Functions

Insurer Name: Associated Indemnity Co	orporation	NAIC Number 21865
		EXHIBIT A
Form (RF-3)		
	SUMMARY SHEET	
Change in Company's premium or ra revision effective August 1, 20		
(1)	(2)	(3)
` ,	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto	121,141	-2.2%
Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other		
Line of Insurance		
Does filing only apply to certain territory (territories) or certain	
classes? If so, specify: NO	territorico, or cortain	
Brief description of filing. (If filing follows	rates of an advisory	
organization, specify organizations):		: Reference # GL-2008-BGL1,
ISO's Increased Limit Factors Refere		
150's increased Limit Factors Refere	ence # GL-2006-IALL1 and revisi	ing LCIVIS.
 Adjusted to reflect all prior rate change 		
** Change in Company's premium leve	el which will	
result from application of new rates		
	As	ssociated Indemnity Corporation
		Name of Company(William Paukovitz, VP (

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB:05/01/2009 RB:06/30/2009

-	(1)	(2) Annual Premium	(3) Percent
	Coverage	Volume (Illinois) *	Change (+or-) **
•	Automobile Liability Private		
	Passenger Commercial		
<u> </u>			
•	Automobile Physical Damag Private Passenger		•
	Commercial		
	Liability Other Than Auto	936789	+6.0
	Burglary and Theft	930769	+6.0
	Glass		
	Fidelity		
	Surety		
	Boiler and Machinery		
	Fire		
0.	Extended Coverage		
1.	Inland Marine		
2.	Homeowners		
3.	Commercial Multi-Peril		WWW.
4.	Crop Hail		
5.	Other		*****
	Life of Insurance		
*	Does filing only apply to certa Classes? If so, specify: No, this	in territory (territories) or applies to all territories in Illinois	certain
	Brief description of filing. (If fi	ling follows rates of an ac	dvisory
	Organization, specify	J	
	organization):	We are filing to take a +6%	increase in our Prestige Excess product
	for the state of Illinois. This increase is a	general increase to the entire sta	te.
	*Adjusted to reflect all prior ra		
	**Change in Company's prem	ium level which will resul	t from application of new
	rates.		
		Associated Indemn	
		Nar	ne of Company

Andrew Bettini - Regulatory Filing Analyst

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB:05/01/2009 RB:06/30/2009

-	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private	volume (minors)	_ Change (101-)
1.	Passenger		
	Commercial		
2	Automobile Physical Damag		444
	Private Passenger		•
	Commercial		
3.	Liability Other Than Auto	275408	+6.0
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity	4	
7.	Surety	·····	
8.	Boiler and Machinery	**************************************	
9.	Fire		
10.	Extended Coverage		
11. 12.	Inland Marine		
12. 13.	Homeowners Commercial Multi-Peril		
13. 14.	Crop Hail		-
15.	Other		
10.	Life of Insurance		
•			
	Does filing only apply to certa	in territory (territories) or	certain
	Classes? If so,	P	
	specify: No, this	applies to all territories in Illinois	
	Brief description of filing. (If fi Organization, specify organization): for the state of Illinois. This increase is a	We are filing to take a +6%	increase in our Prestige Excess product
	*Adjusted to reflect all prior ra **Change in Company's prem		It from application of new
	rates.	Fireman's Fund Ins	surance Company
			me of Company
			gulatory Filing Analyst
			Official – Title

Insurer Name: Fireman's Fund Insur	ance Company	NAIC Number 21873
		EXHIBIT A
Form (RF-3)		
	SUMMARY SHEET	
Change in Company's premium or revision effectiveAugust 1,		<u> </u>
(1)	(2)	(3)
,	Annual Premium	Percent
Coverage	Volume (Illinois) *	Change (+ or -) **
Automobile Liability		
Private Passenger		
Commercial		
Automobile Physical Damage		
Private Passenger		
Commercial	0.040.700	2.70/
Liability Other Than Auto Purglant and That	2,048,782	2.7%
Burglary and Theft Glass		
6. Fidelity		
7. Surety		And the second s
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Line of Insurance		
Line of mourance		
Does filing only apply to certain territor	y (territories) or certain	
classes? If so, specify: NO		
Brief description of filing. (If filing follo		,
organization, specify organizations):	Adopting ISO's Loss Cost Re	
ISO's Incresed Limit Factors Refe	rence # GL-2006-IALL I and revi	ising LCivis.
* Adjusted to reflect all prior rate ch		
* Adjusted to reflect all prior rate ch** Change in Company's premium le		
result from application of new rate		
roodic noin application of new fate	_	
	Fireman	's Fund Insurance Company
		Name of Company
		William Paukovitz, VP Compliance
		, , , , , , , , , , , , , , , , , , , ,

FORM (RF-3)

SUMMARY SHEET

(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
Automobile Liability Private Passenger		
Commercial		
Automobile Physical Damag		
Private Passenger		
Commercial		
Liability Other Than Auto	4,596,665	-8.0%
Burglary and Theft		
Glass		
Fidelity		
Surety		
Boiler and Machinery		
Fire		
Extended Coverage		
Inland Marine	<u></u>	
Homeowners Commercial Multi-Peril		**************************************
Crop Hail		(APPROX.000.000.000.000.000.000.000.000.000.0
Other		
Life of Insurance		A control of the second
Does filing only apply to cer	tain territory (territories) or	r certain
Classes? If so,		
specify: No No		
Brief description of filing. (I	f filing follows rates of an a	advisorv
Organization, specify		,
organization):	Adopting ISO Loss Costs	and adjusting LCM and Package N
based on experience		
*Adjusted to reflect all prior		n to a second of the second
**Change in Company's pre	emium level which will resu	lit from application of nev
rates.	Grange Mutual Ca	asualty Company
	Control of the Contro	me of Company
	Richard McQuay -	
		Official Title

nsurer Name: National Su	NAIC Number 21881	
Form (RF-3)	EXHIBIT A	
0/// (KG 0)	SUMMARY SHI	<u>EET</u>
	premium or rate level produced by r August 1, 2009	rate
(1)	(2 Annual P	
Coverage	Volume (I	llinois) * Change (+ or -) **
Automobile Liability Private Passenger Commercial		
 Automobile Physical Da Private Passenger Commercial 	ımage ———————	
3. Liability Other Than Aut	o 2,234,199	2.8%
Burglary and Theft		
5. Glass		
. Fidelity		
. Surety		
. Boiler and Machinery		
. Fire		
). Extended Coverage	<u> </u>	
I. Inland Marine		
2. Homeowners		
3. Commercial Multi-Peril		
Crop Hail		
5. Other		
Line of Insurations filing only apply to cert asses? If so, specify:	ain territory (territories) or certain NO	
ganization, specify organiz	f filing follows rates of an advisory zations): Adopting ISO's actors Reference # GL-2008-IALL1	Loss Cost Reference # GL-2008-BGL1, and revising LCMs.
Adjusted to reflect all pr Change in Company's presult from application of	premium level which will	
result from application (or new rates	
	_	National Surety Corporation
		Name of Company
	_	William Paukovitz, VP Complia

FORM (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective NB:05/01/2009 RB:06/30/2009

-	(1)	(2) Annual Premium	(3) Percent		
	Coverage	Volume (Illinois) *	Change (+or-) **		
1.	Automobile Liability Private				
	Passenger				
_	Commercial				
2	Automobile Physical Damag		•		
	Private Passenger		494-404-404-404-404-404-404-404-404-404-		
_	Commercial	Att the Parties of the Control of th			
3.	Liability Other Than Auto	798519	+6.0		
4. -	Burglary and Theft				
5.	Glass		And State Control of the Control of		
6. -	Fidelity				
7.	Surety				
8.	Boiler and Machinery				
9.	Fire				
10.	Extended Coverage		M		
11.	Inland Marine				
12.	Homeowners				
13.	Commercial Multi-Peril				
14.	Crop Hail				
15.	Other				
	Life of Insurance				
*	Does filing only apply to certain territory (territories) or certain Classes? If so.				
	specify: No, this applies to all territories in Illinois				
Brief description of filing. (If filing follows rates of an advisory Organization, specify					
	organization): We are filing to take a +6% increase in our Prestige Excess product for the state of Illinois. This increase is a general increase to the entire state.				
	for the state of Illinois. This increase is a	general increase to the entire sta	le.		
	*Adjusted to reflect all prior rates.		t from application of new		
	National Surety Corporation				
			ne of Company		
			gulatory Filing Analyst		
			Official – Title		